

1183

# ARIZONA STATE BOARD OF HEALTH

State File No. \_\_\_\_\_

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

Registered No. 65

### 1. PLACE OF BIRTH

County Sila State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

### 2. Full name of child

Clara Flory

If child is not yet named, make supplemental report, as directed

### 3. Sex

7

If plural births

### 4. Twin, triplet, or other

### 6. Premature

Full term yes

### 7. Legiti-

mate? yes

8. Date of birth July 9, 1930  
(Month, day, year)

### 9. Full name

Fernin Flory

### FATHER

### 18. Full maiden name

Margarita Flory

### MOTHER

### 10. Residence (usual place of abode) (If nonresident, give place and State)

Hayden

### 19. Residence (usual place of abode) (If nonresident, give place and State)

Hayden

### 11. Color or race

Mex

### 12. Age at last birthday

23

(Years)

### 20. Color or race

Mex

### 21. Age at last birthday

23

(Years)

### 13. Birthplace (city or place)

Realito

(State or country)

on Mex

### 22. Birthplace (city or place)

Realito

(State or country)

on Mex

### 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labourer

OCCUPATION

### 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

### 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Copper Mill

### 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

Housewife

### 16. Date (month and year) last engaged in this work

July 9, 1930

### 17. Total time (years) spent in this work

3

### 25. Date (month and year) last engaged in this work

7-9-30, 1930

### 26. Total time (years) spent in this work

2 yrs

### 27. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

### 28. If stillborn, period of gestation

{ months  
or weeks

### 29. Cause of stillbirth

Before labor

During labor

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 7<sup>00</sup> m. on the date above stated  
(Born alive or stillborn)

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.

(Signed) Charles K. Hunter, M. D.

or \_\_\_\_\_, Midwife

Given name added from a supplemental report

(Date of)

Address Hayden, Ariz

Filed July 12, 1930 W B Paul

Registrar.

Registrar.

N. B.—In case of more than one child at a birth, a separate certificate must be made for each child in order of birth stated.

26-9-109-1169